# **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

ORI: A0522 Type of Application: Training Instructor Baton					
Job Title or Type of License, Certification or Permit: TFB Training Facility Baton					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative S  Agency authorized to receive criminal history informa	Services ation				
P.O. BOX 989002		Licensing			
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
	5798-9002 ip Code	(916) 322-4000 Contact Telephone No.			
Name of Applicant:	First	MI			
Alias:		Driver's License No.			
Last Fit	irst	Driver's License No.			
Date of Birth: Sex: M	Male Female	Misc. No. BIL- N/A  Agency Billing Number (if applicable)			
Eye Color: Hair Color:		Home Address: Street or P.O. Box			
Place of Birth:					
SOC:		City, State and Zip Code			
Your Number:  OCA No. (Agency Identifying No.	lo.)	Level of Service X DOJ X FBI			
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
Employer Name					
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)			
City State	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By:  Name of Operator  Date:					
Transmitting Agency	ATI No.	Amount Collected/Billed			

# **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

ORI: A0522 Type of Application: Training Instructor Baton					
Job Title or Type of License, Certification or Permit: TFB Training Facility Baton					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Ser Agency authorized to receive criminal history information		06078  Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002 Street No. Street or P.O. Box		Licensing Contact Name (Mandatory for all school submissions)			
West Sacramento CA 9579 City State Zip Co	98-9002 ode	Contact Telepl	916) 322-4000 hone No.		
Name of Applicant: (please print)  Last	First		MI		
Alias:  Last First		Driver's License			
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)		
Height: Weight:		Misc. No:	<u> </u>		
Eye Color: Hair Color:		Home Address:	Street or P.O. Box		
Place of Birth:		<del>-</del>	City, State and Zip Code		
SOC:			Oity, State and Zip Gode		
Your Number:  OCA No. (Agency Identifying No.)	_	Level of Service	X DOJ X FBI		
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
Employer Name		<del></del>			
Street No. Street or P.O. Box		( )	Code (five digit code assigned by DOJ)		
City State	Zip Code	Agen	cy Telephone No. (optional)		
Live Scan Transaction Completed By:  Name of Operator  Date:					
Transmitting Agency	ATI No.		Amount Collected/Billed		

# **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

ORI: A0522 Type of Application: Training Instructor Baton					
Job Title or Type of License, Certification or Permit: TFB Training Facility Baton					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative S	Services	06078			
Agency authorized to receive criminal history informati	tion	Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002		Licensing			
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
	5798-9002	(916) 322-4000			
City State Zip	Code	Contact Telephone No.			
Name of Applicant:	First	MI			
(piease piiiii) Lasi	ı nət	IVII			
Alias:  Last Fire		Driver's License No.			
Date of Birth: Sex:Ma	ale Female	Misc. No. BIL-  Agency Billing Number (if applicable)			
Height: Weight:		Misc. No:			
Fue Color: Hair Color:		Llama Addraga			
Eye Color:		Home Address: Street or P.O. Box			
Place of Birth:		City, State and Zip Code			
SOC:					
Your Number: Level of Service X DOJ X FBI					
OCA No. (Agency Identifying No.)					
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
		<u> </u>			
Employer Name					
Otrost as D.O. Day		W 10 L (C. List and a resigned by DOI)			
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)			
01.11	7' 0-1-	( )			
City State	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By: Date:					
IVGI	me or operator				
Transmitting Agency	ATI No.	Amount Collected/Billed			



### **BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002 West Sacramento, CA 95798-9002 (916) 322-4000 www.bsis.ca.gov



# TRAINING FACILITY BATON (TFB) LIVE SCAN PROCESS INSTRUCTION FORM

Live Scan is a system for electronically submitting fingerprints used in background checks to the California Department of Justice and the FBI.

## Simply follow these steps:

## STEP 1

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from the Bureau Web site at http://www.dca.ca.gov/bsis/live scan fingerp.htm:

1. Name of Applicant: Enter the Last Name, First Name, and Middle Name.

2. Alias: Enter any aliases (including any maiden name) of the applicant.

3. Date of Birth: Enter the date of birth of the applicant.

4. Sex: Enter the sex of the applicant.
5. Height: Enter the height of the applicant.
6. Weight: Enter the weight of the applicant.
7. Eye Color: Enter the eye color of the applicant.
8. Hair Color: Enter the hair color of the applicant.
9. Place of Birth: Enter the place of birth of the applicant.
10. SOC: Enter the applicant's Social Security number.

11. Driver's License No.: Enter the applicant's Driver's License number, including the state.

12. Home Address: Enter the applicant's home address.

### STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

NOTE: You can get a listing of all Live Scan sites at <u>//www.bsis.ca.gov/forms\_pubs/livescan/index.shtml</u> or by contacting the Bureau at (916) 322-4000.

## STEP 3

Pay the Live Scan Operator: \$32.00 DOJ Fingerprint Processing Fee

\$19.00 FBI Fingerprint Processing Fee

TOTAL \$51.00

In addition, you must pay the Live Scan Operator the Live Scan site Processing Fee. The fee is set by each Live Scan site and can vary. The Bureau of Security and Investigative Services does not set the fee.

#### STEP 4

#### Submit the following to the Bureau:

- 1. The completed Training Facility Baton application forms.
- 2. The second copy of the Live Scan Form (BCII 8016) received from the Live Scan site, signed by the Live Scan Operator, including the ATI number.
- 3. A check/money order for: \$500.00 Training Facility Baton Certificate Application Fee

TOTAL \$500.00

(Rev. 12/2005)